

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14789

State File No.

FILED MAY 12 1944

Registration District No. 14

Primary Registration District No. 3024

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette, Mo.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Steve Powell,

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male, 9 5. Color or race Black 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business.

MOTHER FATHER { 12. Name Steve Powell,  
13. Birthplace Missouri, (City, town, or county) (State or foreign country)  
14. Maiden name Amida Ferguson,  
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Douglas,  
(b) Address Fayette, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 4-23rd 1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Guy T. Halley.  
(b) Address Fayette, Mo.

19. (a) 4-26-1944 (Data received local registrar) (b) Edward W. McMillan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howard, 45  
(c) City or town Fayette, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-21st 1944 day year hour minute M.

21. I hereby certify that I attended the deceased from Sanctuary 1934 to 4-21 1944  
that I last saw him alive on about 1 week ago and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to apoplexy & Paralysis about 10 yrs  
Due to Fatal illness only few hours

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. 93 21  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. L. Coffman (M. D. or other) M. D.  
Address Fayette, Mo. Date signed 4-27-44

1321 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5-5-47

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.